



**UNITED STATES MARINE CORPS  
EDUCATION COMMAND  
MARINE CORPS UNIVERSITY  
2076 SOUTH STREET  
QUANTICO, VIRGINIA 22134-5067**

~Download the Form on Desktop to enable the Digital Signature~

PLEASE PRINT

Event Start Date  Event End Date  DOD/Government Function/Event:  
YES NO

Title of the Official Event:

Requester Full Military Unit/Organization/City State:

Supervisor's Full Name  Supervisor's Gov/Email Address  Supervisor's Primary Phone Number

Event Start Time:  Actual End Time:  Set-Up Date:  Set-Up Time:  Guests Arrival Time:  Total Confirmed # Guests:

(To Include Tear Down)

Request #1 Room Type	# of Rooms	# of Guests Per Room	Request #2 Room Type	# of Rooms	# of Guests Per Room
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Are there any distinguished (DVs/GOs/SES) guests or visitors? **No** What is the classification of the event? **Classified**  
Yes, then list the Name Rank, Arrival Date/Time below: **Unclassified**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Note:** For a list of distinguished names more than Four names, please add the full info on the initial email request.

The AV Technician will determine the support team's set up time based on your AV needs and the time guests arrive for your event. **PLEASE NOTE:** If you are providing a laptop, DVD, CD's etc. please arrive at the event location at least 45 minutes prior to the actual start time so that we can ensure that your presentation is set up properly and operational.

<p><b>Do you require any of the following?</b></p> <p><b>AV/Room Equipment:</b></p> <p><b>No AV Equipment Required</b></p> <p>Image Projection _____</p> <p>Podium Mic _____</p> <p>Special Lighting (Warner Auditorium Only) _____</p> <p>CD/DVD Player <u>Quantity</u> _____ <u>Quantity</u> Callers _____</p> <p>Handheld Mic..... _____ Conference Call _____</p> <p>Lav/Lapel Mic..... _____</p> <p>Floor Mic Stand..... _____</p> <p>Tabletop Mic Stan..... _____</p> <p>Long Tables/Chairs _____ &amp; Chairs _____</p>	<p><b>*Video Teleconferencing</b> <b>*Type:</b></p> <p><b>IT Equipment:</b></p> <p><b>No IT Equipment Required</b></p> <p>Wireless Internet _____</p> <p>Podium PC _____</p> <p>Presenter Clicker/Mouse _____</p> <p>Local Network <u>Quantity</u> _____</p> <p>Local Network Machines..... _____</p> <p>Interactive Survey Clickers..... _____</p> <p>EDU Laptop..... _____</p> <p>Stand Alone PC..... _____</p>	<p><b>*SVTC Connectivity Connection Info</b></p>
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# Marine Corps University Reservation Statement of Understanding

By signing below I accept the following responsibilities for my reserved space:

- I am aware that the MCU reservation is a service based on availability at the time of the request. There is no wait list, and that **MCU VPEIOP office is not a conference event center**. Our rooms are offered as a courtesy after all academic requirements are met.
- MCU follows the Randolph–Sheppard Act, 20 U.S.C. § 107 et seq., is a federal law which mandates a priority to blind persons to operate vending facilities on Federal property. Any food catering must inform MCU Café for support. Please Inform the MCU Cafe' Manager at Phone number (703) 432-4538.
- Furniture is NOT to be moved. (IET is not responsible for furniture set up and or arrangements.
- External Confirmed guest must utilize the **MCU Parking Garage**.
- No signage will be taped to anywhere. MCU Facility can provide sign post.
- At the conclusion of the scheduled event, all event items/decorations will be removed from the area, and the requester is responsible for clean up of the space.
- At the close of the business day all white boards will be cleared, all projection equipment turned off, log off of all computers and all trash removed from the area.
- I am aware that any changes in the time/date arrival of DVs /GOs attending our event, I must inform the MCU PROTOCOL officer for the updates.
- MCU facility is only responsible for supporting the space throughout any **Classified brief**. I am aware to inform my department's Security Manager for the vetting, **Classified Signs/Door Securities** while conducting and following the policies of the classified briefs, including any of the attendee's Access control point Management before my event.
- I am aware of following the **MCBO 8000.1A** for transporting **unloaded** Government Weapons and the **MCRP 3-01A(B)** to properly carry the government weapons inside the authorized reserved space within MCU facility.

*By signing below, I am accepting the full responsibility as a Government Employee representing the above-mentioned Government Agency/Unit/Department, and that this request of space as indicated in page 1 of this form is the Primary Venue to support the Plan event.*

Requester's Full Name

Rank/GS/Title

Government Email Address

Primary Phone#

## DOD/GS/Military Digital Signature Only

Secondary Action Officer's Full Name

Rank/Title




Government Email Address

Primary Phone#



University Affiliation	
<input type="checkbox"/>	Administrator
<input type="checkbox"/>	Faculty
<input type="checkbox"/>	Staff
<input type="checkbox"/>	Student
<input type="checkbox"/>	None.. <input type="text"/>
(If none, list your agency)	

**\*\*\*FOR OFFICIAL USE ONLY\*\*\***

**MY DIGITAL SIGNATURE IS THE EQUIVALENT OF A HARD COPY SIGNATURE, SERVING TO AUTHENTICATE THAT I HAVE THE AUTHORITY TO FILL THE FORM AND TO INDICATE I HAVE CONSCIOUSLY DECIDED THAT IT SHOULD HAVE THE SAME LEGAL AUTHORITY NORMALLY ACCORDED TO AN ACTUAL HARD COPY SIGNATURE.**

# **Marine Corps University Room Reservation Cancellation Form**

**\*\*\*CANCELLATIONS REQUIRE 10-WORKING DAYS NOTICE BEFORE YOUR EVENT\*\*\***

**Today's Date**

**Type the Reason of Cancellation on the Space below:**

**Action Officer's Digital Signature**

**Supervisor's Digital Signature**